Arkansas Department of Health Office of Rural Health and Primary Care Critical Access Hospital Administrators Meeting

Novitas Solutions
Jurisdiction H

September 9, 2014

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- Education specific to providers in Medicare Administrative Contractor Jurisdiction L (JL) include: Delaware, District of Columbia, Maryland, New Jersey, and Pennsylvania

- Education specific to providers in Medicare Administrative Contractor Jurisdiction H (JH) include: Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, and Texas

- This education contains specific contractor guidance

- If you are not a provider in Jurisdiction L or Jurisdiction H, please contact your Medicare contractor for specific guidance

Agenda

- Centers for Medicare & Medicaid Services Updates
- Comprehensive Error Rate Testing (CERT) Program
- Top Claim Submission Errors and Resolutions
- Novitas Initiatives

Objectives

- Review Medicare updates
- Assist in recognizing the current top claim errors and reasons for returned (RTP) claims
- Provide suggestions on how to resolve claim errors
- Provide an overview of the Novitas Solutions website

Centers for Medicare & Medicaid Services Updates

Sequestration Update

- Mandatory Payment Reduction of 2% Continues through March 31, 2015, for the Medicare Fee For Service Program

- For more information
  - http://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Downloads/2014-04-03-enews-file.pdf

- Frequently Asked Questions
  - http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00007998

Anesthesiologist/Certified Registered Nurse Anesthetist (CRNA) Related Services in a Method II Critical Access Hospital (CAH)

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- Change Request # 8708
  - Effective: January 1, 2014
  - Implementation: October 6, 2014
- Key Points
  - Anesthesiologists and CRNAs rendering services in a Method II CAH have the option of reassigning their billing rights to the CAH. When billing rights are reassigned, the Method II CAH submits an 85x bill type with Revenue Code 0963 (professional fees for Anesthesiologist (MD)) or Revenue Code 0964 (CRNA Professional Services) for payment for anesthesia or related services
  - Effective January 1, 2014, the Medicare Contractor shall allow for services performed by an anesthesiologists submitted by a Method II CAH on bill type 85X with Revenue Code of 0963.
- Reference
  - http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1379OTN.pdf

Therapy Modifier Consistency Edits

- Change Request # 8556
  - Effective: July 1, 2014
  - Implementation: July 7, 2014
- Key Points
  - Creates edits to ensure therapy evaluation and reevaluation codes are reported with correct modifier
  - Claims will be returned if reporting codes
    - 97001 or 97002 if modifier GP is not present
    - 97003 or 97004 if modifier GO is not present
    - 92521, 92522, 92523, or 92524 if modifier GN is not present
- Reference
  - http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8556.pdf

Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) Billing Guide

NOVITAS SOLUTIONS

- Special Edition Article: SE1039
  - Updated: June 5, 2014
- Key Points
  - Billing Guide for FQHCs and RHCs
    - Describes the information FQHCs are required to submit in order for the Centers for Medicare & Medicare Services (CMS) to develop and implement a Prospective Payment System (PPS) for Medicare FQHCs
    - Guidance on how RHC should bill for certain preventive services under the Affordable Care Act
      - Coinsurance and deductibles are not applicable for the Initial Preventive Physical Examination (IPPE) provided by RHCs
      - Deductible waived for planned colorectal cancer screening tests that become diagnostic
- Reference
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1039.pdf

Medicare Fee-For-Service (FFS) International Classification of Diseases, 10th Edition (ICD-10) Testing Approach

NOVITAS SOLUTIONS

- Special Edition Article: SE1409
  - Updated: July 31, 2014
  - Effective: October 1, 2015
- Key Points
  - CMS has a four-prong approach to preparedness
    - CMS internal testing of its claims processing systems
    - Provider-initiated Beta testing tools
    - Acknowledgement testing
    - End-to-end testing
  - Claims Submission Alternatives
    - Free Billing Software for submission of FFS Claims to Medicare
    - Available through the MAC website
- Reference
  - http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1409.pdf

Updating Beneficiary Information with the Benefits Coordination & Recovery Center

NOVITAS SOLUTIONS

- Special Edition Article: SE1416
- Key Points
  - Provides Information regarding the Benefits Coordination & Recovery Center (BCRC) that replaced the Coordination of Benefits Contractor
- Reference
  - http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1416.pdf

Proper Use of Modifier 59

- MLN Matters® Number: Special Edition Article SE1418
  - Revised : June 2, 2014
- Key Points
  - The Medicare National Correct Coding Initiative (NCCI) includes Procedure-to-Procedure (PTP) edits that define when two Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes should not be reported together either in all situations or in most situations
  - Modifier 59 is an important NCCI-associated modifier that is often used incorrectly
    - Indicators
    - Examples
- Reference
  - http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1418.pdf

Two Midnight Rule

- 2014 Hospital Inpatient Perspective Payment System (IPPS) Final Rule CMS-1599-F
  - Part A services performed in Inpatient setting are generally appropriate for admission and payment when physician admits patient based on expectation that stay will cross at least two midnights
  - Critical Access Hospital (CAH) is included in CMS-1599-F "Two Midnight Rule" guidelines
- Focused medical review on Two Midnight Rule guidelines
  - MACs and Recovery Auditors will not review any claims submitted by CAHs
    - Other applicable reviews of CAH inpatient claims still apply

Physician Certification Requirements

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- Content
  - Authentication of physician order
    - Physician certifies the inpatient services were ordered in accordance with Medicare regulations governing the order
      - Includes certification that hospital inpatient services are reasonable and necessary
      - Provided as inpatient services in accordance with the two midnight benchmark
      - Authentication of the practitioner order may be met by the signature or countersignature of the inpatient admission order by the certifying physician
  - Reason for inpatient services
  - Estimated (or actual) time the beneficiary requires or required inpatient hospital care
    - Reflected in the progress notes where assessment and plan are discussed
    - May be documented in the order or separate certification/recertification
    - Part of routine discharge planning
  - Plans for post-hospital care as appropriate

Critical Access Hospitals (CAHs)

- CAHs
  - Physician must certify beneficiary may reasonably be expected to be discharged or transferred to a hospital within 96 hour after admission to CAH
    - Time as outpatient doesn't count towards the 96 hour requirement
    - Clock time begins once individual is admitted to CAH as an inpatient
    - Time in CAH swing-bed does not count toward 96 hour limit
    - If something unforeseen occurs that causes the individual to stay longer at the CAH there would be no problem with regards to the CAH designation as long as stay doesn't cause the CAH to exceed its 96 hour annual average condition of participation requirement
    - CAH will not receive Medicare reimbursement for any portion of the individual's inpatient stay if physician cannot certify individual will be discharged or transferred within 96 hours after admission to CAH

Resolutions for Appeals of Patient Status Denials

- CMS offers settlement to Acute Care Hospitals and Critical Access Hospitals to resolve appeals of patient status denials
  - Any hospital willing to withdraw their pending appeals in exchange for timely partial payment (68% of the net allowable amount).
  - The administrative agreement covers admissions prior to Oct 1, 2013
  - Administrative agreement requests are due to CMS by Oct 31, 2014
- MLN Connects National Provider Call
  - Tuesday, Sept 9, 2014
  - Time: 1:00 PM – 2:00 PM ET
  - Register at http://www.eventsvc.com/blhtechnologies
- CMS Inpatient Hospital Reviews
  - http://cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/InpatientHospitalReviews.html

Comprehensive Error Rate Testing (CERT)

Comprehensive Error Rate Testing (CERT)

- **What is it?** A program developed by Centers for Medicare & Medicaid Services (CMS) to randomly audit claims monthly to determine if they processed correctly
- **Why does it matter?** To protect the Medicare trust fund and determine error rates nationally and regionally
- **Who is involved?** You. A request for medical records from AdvanceMed alerts you that one of your claims has been selected as part of the monthly random sample
- **How does it work?** A letter will be sent to your office requesting the medical documentation. You need to comply in a timely manner with the request
- JH
  - http://www.novitas-solutions.com/webcenter/spaces/CERT_JH

JH Part A Common Errors

- Insufficient documentation
  - No valid physician's order
  - Missing documentation to support minimum 15 hours per week of combined therapy
  - Diagnosis insufficient to support procedure or service billed
  - Skilled Nursing Facility (SNF) 3 day qualifying stay
- Medical necessity errors
  - Need for an inpatient stay
- Other errors
  - Diagnosis Related Group (DRG)
  - Laboratory services

CMS Provider Compliance Website

- Provider Compliance Products
  - http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ProvCmpl_Products.pdf
  - Quarterly Provider Compliance Newsletter
    - http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedQtrlyCompNL_Archive.pdf
  - Medicare Claim Review Programs
    - MUE, CCI, CERT, RAC
      - http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MCRP_Booklet.pdf
  - Complying with Medicare Signature Requirements Fact Sheet
    - http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Signature_Requirements_Fact_Sheet_ICN905364.pdf

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Top Claims Submission Errors and Resolutions

Claims Center

- Coding Guidelines
  - Current Procedural Terminology and Healthcare Common Procedure Coding System
  - Modifiers
  - Institutional Billing
- Claim Access and Information
  - Top Claim Submission Errors
    - Monthly report for each state in our jurisdictions
  - Access Part A Claims and Eligibility Online
    - Request Direct Data Entry Access into the Fiscal Intermediary Standard System (FISS)
    - FISS logon instructions, RACF ID and password rules, Resetting passwords
- Reference Materials
  - Uniform Billing (UB)-04 At A Glance (Part A)
  - Bulletins and Claim Tips
  - Physician Incentive Programs
- JH - http://www.novitas-solutions.com/webcenter/spaces/Claims_JH

Avoid Eligibility/Entitlement Errors

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- Verify beneficiary coverage and eligibility information
  - Obtain and verify beneficiary's Medicare card
  - Access the Health Insurance Query Access to verify eligibility (while its still available)

- The HIPAA Eligibility Transaction System User Interface (HETS-UI) is a web-based application that enables users to submit eligibility inquiries and receive responses
  - To access the HETS application, you must obtain the necessary IP connectivity from a CMS-approved Network Service Vendor
  - Access the CMS website – How to Get Connected – HETS 270/271 for the most current list of Network Service Vendors contact numbers and email addresses
    - http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/HowtoGetConnectedHETS270271.html

- For more information on HETS
  - Visit the CMS HETS Help website at: http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/index.html or
  - Contact the MCARE Helpdesk at 1-866-324-7315 or via email mcare@cms.hhs.gov

National Correct Coding Initiative (NCCI)

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- Developed by the Centers for Medicare & Medicaid Services (CMS)
  - Promote national correct coding methodologies
  - To control improper coding
- Columns One/Column Two Correcting Coding edit file
  - Hospital CCI edit
  - Physician CCI edit
- Applies to Bill
  - By the same physician or provider
  - For the same beneficiary
  - On the same date of service
- Use modifiers to report special circumstances
- http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html

National Correct Coding Initiative (NCCI) Reminder

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- Modifier 59 and other NCCI associated modifiers should NOT be used to bypass an NCCI edit
- Documentation in the medical record must satisfy the criteria required when a NCCI modifier is used
- Special Edition Article: SE1418
  - http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1418.pdf
- How to use NCCI tools
  - http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/How-To-Use-NCCI-Tools.pdf

Modifier 59 Utilization

- Distinct Procedural Service
  - For the same patient
  - On the same day
  - By the same provider

- Documentation must support one of the following not ordinarily encountered or performed on the same day by the same individual
  - Different session or patient encounter
  - Different procedure or surgery
  - Different site or organ system
  - Separate incision or excision
  - Separate lesion

- When another already established modifier is appropriate, it should be used rather than modifier 59

- Different diagnosis not necessary

How To Report Units Of Service In Excess

- Medically Unlikely Edits (MUE) value for the code billed will be applied to either the claim line or date of service
  - if units exceed MUE value, the claim line or date of service will deny

- Claims denied based on date of service MUEs may be appealed using similar processes to claim line MUE denials
  - Any excess services need to be reasonable and necessary

- http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html

Claim Reporting Reminders

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- Ensure services performed are clearly substantiated in the medical record
- Ensure documentation supports the number of service units billed
- Code services at appropriate level performed
- Follow Healthcare Common Procedure Coding System, Current Procedural Terminology and International Classification of Diseases, Ninth Revision coding guidelines
- Ensure services are payable according to Medicare regulations

Returned/Rejected/Denied Claim Checklist

- Check claim and line level reason codes
- Review Novitas Solutions Local Coverage Determinations and Billing & Coding Articles
- Review the Centers for Medicare & Medicaid Services National Coverage Determinations and/or Internet Only Manuals for coverage and billing
- Review the Outpatient Prospective Payment System rules and the Outpatient Code Editor
- Was the claim coded properly?
  - Appropriate codes and modifiers
- Other insurance verifications
  - Medicare Secondary Payer
  - Medicare Advantage
- Is there an overlap scenario?
  - Skilled Nursing Facility & Consolidated Billing
  - 3-day payment window
  - Interrupted stays
  - Patient status

Line-Item Rejections Tidbits

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- Follow steps provided for each line level reason code to resolve rejections

- Rejected claim: Adjust or Re-bill
  - Look at the section on claim page titled “TPE-TO-TPE”
  - If there is an “X” in this field; submit a new claim
  - If blank; adjust the claim

Electronic Submission of Medically Reviewed Cancel Claims

- Effective immediately, Novitas Solutions will allow electronic submission of cancel claims with denied items or services
  - Remarks must be specific
    - Overlapping an inpatient claim
  - Appeal process should be followed if claim cancellation is not allowable

- Certain situations where hardcopy submissions may be necessary
  - Cancel requests for Medicare Secondary Payer (MSP) claims

- JH - http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00024923

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Novitas Initiatives

Policy Search Application

- New customized “Policy Search Application”
- Search current, retired or draft policies
- Search criteria
  - Policy number
  - Current Procedural Terminology (CPT)
  - Healthcare Common Procedure Coding System (HCPCS)
  - Keyword
  - Local Coverage Determination (LCD) Title
- Search results based on criteria entered
- Stayed tuned for additional information and upcoming educational opportunities
  - www.novitas-solutions.com

Novitas Medicare Learning Center

- Novitas Medicare Learning Center is Now Available
- Features
  - Create an individualized education account
  - Register for webinars, teleconferences, and workshops
  - Download your Continuing Education Unit (CEU) Certificates
  - Be placed on a waitlist if the educational event you register for is closed
- Benefits
  - Centralized location for all educational materials
  - Track all of the educational events you've attended
  - Access Medicare education 24 hours a day, 7 days a week with web-based training modules

Stay Up-to-Date

- Web Updates
  - Daily E-mail of the latest Medicare Updates
  - Subscribe JH
    - http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00007968

- Podcast
  - Weekly podcast of the latest Medicare Updates and other informative topics
  - Subscribe JH
    - http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00025071

Calendar of Events

- Our Education and Training Center offers a wide variety of education
- Join us for Workshops, Teleconferences, and Webinars
- To view the most current calendar of events, visit:
  - JH Part A
    - http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00008010
  - JH Part B
    - http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00008044

Centers for Medicare & Medicaid Services (CMS)

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- The CMS website offers valuable resources such as
  - Rural Health Clinic (RHC)
    - http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c09.pdf
  - Critical Access Hospital (CAH)
    - http://cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf
  - CMS Website
    - http://www.cms.gov/
  - CMS Swing Bed Rural Fact Sheet
    - http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SwingBedFactsheet.pdf
  - For additional resources visit
    - http://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html

Jurisdiction H Customer Contact Information

- Provider
  - 1-855-252-8782
  - Hours of Operation, Central Time (CT)/Mountain Time (MT)
    - Monday - Friday: 8:00 am – 4:00 pm CT/MT
- Interactive Voice Response (IVR)
  - Hours of Operation
    - Eligibility and General Information
      - 24 Hours a day 7 Days a week
    - Full IVR Options
      - Mondays: 5:00 am – 7:00 pm CT
      - Tuesday – Friday: 3:00 am – 7:00 pm CT
      - Saturdays: 5:00 am – 3:00 pm CT
  - Step-by-Step Guide
    - JH Part A
      - http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00004409
    - JH Part B
      - http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00004421

Questions

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Thank you for your participation!

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